

For office use only:

Tag #: \_\_\_\_\_

Level: \_\_\_\_\_

# UNIVERSITY OF WATERLOO CAMPUS RECREATION BADMINTON CLUB WAIVER



**WARNING! BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - \* PLEASE READ CAREFULLY \* (Please put watcard name, brackets for name on tag if different)**

Please Print:

NAME: \_\_\_\_\_ PERMANENT ADDRESS: \_\_\_\_\_

ID #: \_\_\_\_\_ PERMANENT PHONE #: \_\_\_\_\_

LOCAL PHONE #: \_\_\_\_\_

GENDER:

E-MAIL: \_\_\_\_\_

I have a valid campus recreation membership

**ASSUMPTION OF RISK:**

I AM AWARE THAT THERE IS POTENTIAL RISK FOR INJURY INVOLVED IN THE TRAINING AND PARTICIPATION OF ANY PHYSICAL ACTIVITY. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to injury through physical activity and/or use of equipment and facilities, and the possibility of personal injury, death, property damages or loss, resulting from my participation in the University of Waterloo, Campus Recreation Badminton Club.

I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:** in consideration of approval to participate in the University of Waterloo, Campus Recreation Badminton Club, I hereby agree as follows:

\_\_\_\_\_ **TO WAIVE ANY AND ALL CLAIM** that I have or may in the future have against the University of Waterloo, its Initial directors, officers, employees and representatives, game officials, club executives, my team mates, and other players (all of whom are hereinafter collectively referred to as "Releasees").

\_\_\_\_\_ **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer Initial or that my next of kin may suffer as a result of my participation in the Campus Recreation Badminton Club due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

\_\_\_\_\_ **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, Initial or personal injury to, or costs, any third party, resulting from my participation in this activity.

\_\_\_\_\_ **THIS AGREEMENT** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns or Initial representatives in the event of my death or incapacity.

\_\_\_\_\_ **IN ENTERING INTO THIS AGREEMENT**, I am not relying upon any oral or written representations or statements Initial made by the Releasees other than what is set forth in this agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST THE RELEASE.**

Signed this  day of , A.D., 20 .

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Please PRINT NAME clearly

\_\_\_\_\_  
UWBC  
Please PRINT NAME clearly